## STATE OF NEW HAMPSHIRE

### 2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobbyist(s) Cinde V                                                                                       | Marmington                        |                                                 |                                      |
|----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------|--------------------------------------|
| II. Name of lobbyist's partnership, fir                                                                              | •                                 |                                                 |                                      |
| Shaheen & Gordon, P.                                                                                                 |                                   |                                                 |                                      |
| (Name of partnership, fir                                                                                            | •                                 |                                                 |                                      |
| 107 Storrs Street Business Address: (Street)                                                                         | Concord                           | NH                                              | 03301                                |
|                                                                                                                      | (Town/City)                       | (State)                                         | (Zip Code)                           |
| ( 60)3 225-7262<br>(Telephone)                                                                                       | (603) 225-5112<br>(Fax)           | e-mail_Cwarm                                    | ington@shaheengordon.com             |
| III. This statement covers: (Choose or reportable expense transactions which                                         |                                   |                                                 | ay file a separate report for        |
| C. All reportable transactions occurring                                                                             | in the months prior to the re     | porting date relative to the                    | he following client:                 |
| Massachusetts Gener                                                                                                  | al Hospital                       |                                                 |                                      |
|                                                                                                                      | ent as it appears on the Lobbyist | Registration Form)                              |                                      |
| OR                                                                                                                   | Budas (in aludina ala labbudas)   | - f: 1-A 41- 1-1-1                              | - Con listed below which and         |
| ☐XAII reportable transactions by the lob unrelated to any particular client.                                         | oyist (including the loopyist     | s family), or the loodyin                       | g firm listed below which are        |
| IV. Date of Report April 24, 2019 Reports cover: activity from date of reg.                                          |                                   | July 31, 2019                                   | 9                                    |
| October 30, 20<br>activity from 7/1/19                                                                               |                                   | January 29, 2020 [] tivity from 10/1/19 to 12/3 | 1/19                                 |
| V. There have been no fees receive If this box is checked, complete just this Concord, NH 03301.                     |                                   |                                                 |                                      |
| V1. Check if additional reports are att                                                                              | ached:                            |                                                 |                                      |
| ☐X If you have received fees or made ex                                                                              |                                   | Idendum A- Fees and E                           | Expenses                             |
| □ · If you have paid an honorarium or re<br>Expense Reimbursement                                                    | eimbursed expenses, you mu        | st file Addendum B– Re                          | eport of Honorariums or              |
| ☐ If you, your firm, or your family has                                                                              | made political contributions      | , you must file Addendi                         | um C- Political Contributions        |
| Sworn Statement/Affirmation by Lob<br>I have read RSA 15, RSA 15-B, RSA 14<br>and complete to the best of my knowled | -C and RSA 664 and hereby         | swear or affirm that the                        |                                      |
| (Signature of lobbyist)                                                                                              | ···· <del>·</del>                 | (Da                                             | ite)                                 |
| Cinde Warmington                                                                                                     |                                   | Γ                                               | RECEIVED                             |
| (Print Name of lobbyist)                                                                                             |                                   |                                                 | APR 2 4 2019                         |
|                                                                                                                      |                                   |                                                 | NEW HAMPSHIRE<br>DEPARTMENT OF STATE |

# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| II. Name of lobbyist's partnership, firm or corporation, if any:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                                                  |                                                                                     |                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Shaheen & Gordon, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                                                                                  |                                                                                     |                                                                                                             |
| (Name of partnership, firm or corporation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del> </del>                                                                                                  |                                                                                                                                                  |                                                                                     |                                                                                                             |
| III. Name of Client Massachusetts General Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date                                                                                                          | April                                                                                                                                            | 24,                                                                                 | 2019                                                                                                        |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | relations,                                                                                                    | or public re                                                                                                                                     | lations                                                                             | service                                                                                                     |
| a) Total of all fees received in this reporting period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a) \$                                                                                                         | -0-                                                                                                                                              |                                                                                     |                                                                                                             |
| o) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | b) \$<br>ear)                                                                                                 | -0-                                                                                                                                              |                                                                                     |                                                                                                             |
| c) Total of all fees received to date (Add lines a and b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | c) <b>\$</b>                                                                                                  | -0-                                                                                                                                              |                                                                                     |                                                                                                             |
| d) Indicate the amount of any such fees that are due, but have not yet been paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | d) \$                                                                                                         |                                                                                                                                                  |                                                                                     |                                                                                                             |
| V. Expenses:  Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report responses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for exampl lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater | elient and in any be file aggregate penses; (been self and \$10 d with a verting periode of great r than \$25 | f expenditured for the less total of all the aggregarchased dust that is given alue of \$25. d of greater er than \$25, but not greeimbursements | res are obbyis I exper gate to aring a en to th 00 or I than \$1, purches are ter t | made by<br>t(s)/firm<br>uses paid<br>tal of al<br>business<br>e person<br>ess); and<br>25.00 fo<br>han \$50 |
| restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               | endum A.                                                                                                                                         |                                                                                     |                                                                                                             |
| restaurant expenses for a legislative reception). Expenses for honorariums,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ed on Adde                                                                                                    | -0-                                                                                                                                              |                                                                                     |                                                                                                             |
| restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported as a Total aggregate expenses for this reporting period for salaries, benefits,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a) \$                                                                                                         | 0                                                                                                                                                |                                                                                     |                                                                                                             |

| d) Total expenses for this reporting period                                                                                                              | d)\$          |             |             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------|-------------|
| (Add lines a, b and c)                                                                                                                                   |               | -0-         | _           |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$         |             |             |
| f) Total of all expenses year to date                                                                                                                    | f) \$         | \$50.00     | )<br>       |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.   |               |             |             |
| Paid to:                                                                                                                                                 | Amount:       |             |             |
| NH Secretary of State for 2019 Lobbyist -Registration Fee                                                                                                | \$50.00<br>\$ |             |             |
|                                                                                                                                                          | \$            |             |             |
|                                                                                                                                                          | \$            |             |             |
|                                                                                                                                                          |               |             |             |
|                                                                                                                                                          |               |             |             |
|                                                                                                                                                          |               |             |             |
|                                                                                                                                                          | 2             |             | <del></del> |
|                                                                                                                                                          |               |             |             |
|                                                                                                                                                          |               |             |             |
|                                                                                                                                                          |               |             |             |
| Sworn Statement/Affirmation by Lobbyist                                                                                                                  |               |             |             |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | n that the fo | oregoing in | nformation  |
| as the and complete to the best of my knowledge and belief.                                                                                              |               |             |             |
| Cull 3/6/2_                                                                                                                                              | Apr           | 11 24,      | 2019        |
| (Signature of lobbyist)                                                                                                                                  | (Date)        |             |             |
| Cinde Warmington                                                                                                                                         |               |             |             |
| (Print Name of lobbyist)                                                                                                                                 |               |             |             |

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